

Task Force For Selecting New Children's Instruments

Synopsis of February 6, 2001 Meeting

A meeting of the Task Force for Selecting New Children's Performance Outcome Instruments was held on Tuesday, February 6, 2001, at the Sacramento Airport Host Hotel. The topics of discussion and the actions that were recommended are highlighted below.

- **Welcoming Remarks and Introductions** – Jim Higgins, Department of Mental Health (DMH), led introductions and reviewed the agenda. Representatives from the following counties were present: Astrid Beigel (Los Angeles County), Tracy Herbert and Sue Farley (Sacramento County), Mike Parmley (Kern County), Kim Suderman and Rudy Arrieta (San Joaquin County), and Karen Brown (Sutter-Yuba County). Karen Hart represented the California Mental Health Planning Council. Sherrie Sala-Moore and Brenda Golladay represented the DMH Research and Performance Outcomes Development (RPOD).

- **Pilot County Report** – Participating counties present at the Task Force meeting presented an update of their current implementation status:

Sacramento: Sacramento county is continuing on with the pilot study with positive response. After briefly reviewing the updated descriptive report of the pilot study data, Sacramento county requested that these data be posted to the Information Technology Web Services (ITWS) website.

Kern: Kern county reported that county staff have thus far had a positive response to the pilot instruments. One question was raised. How should the following situation be handled: "If the pilot instruments are completed for a new client, and the client, shortly thereafter, is placed elsewhere, what should county staff proceed?" The answer is that these instruments should be kept in a log, but not sent to DMH.

Sutter-Yuba: Sutter-Yuba continues to have a positive response to the pilot instruments.

San Joaquin: San Joaquin county began the pilot study on January 30, 2001. After some discussion, it was discovered that San Joaquin had disassembled the pilot study packets. Because of the importance of maintaining the pre-assembled packets, DMH will send out a new set of packets and San Joaquin will either discard, or attempt to reassemble, their current set of packets. San Joaquin also requested that the Reference Form for the Client Information/Risk Factor Assessment instrument be distributed as soon as possible.

- **Update on Client Information/Risk Factor Assessment and CLESP Analyses** – After examining the descriptive analyses distributed by DMH, counties focused on the section regarding service information and suggested that prevalence rates in the real world be compared to the pilot study population. It may not be useful to even have a question pertaining to "planned" services because the information gathered might not be valid.

It is also necessary to examine the service intensive children to see if they are identifiable using the Ohio Scales. Currently, an analysis of the CAFAS scores of the current set of pilot study data does not show any scores above 90, meaning that most of the pilot study participants do not fall in the

severe range of clinical status. Both Kern and San Joaquin counties offered to try to incorporate into their pilot study data programs that targets children that are severely mentally impaired.

Another interesting finding of the current data analysis was the fact that there was a high reporting of Child Protective Services (CPS) involvement. Sacramento county mentioned that this is most likely due to the fact that, not only have they submitted the most data thus far, but one of their pilot sites is primarily targeted at serving children who are being served by CPS. It was noted that future analyses should look at the data by county, and that an age breakdown might also be helpful for developing heuristics on what is being collected. Age breakdowns should be by ages 5-8, 9-12 and 12 and above. Future preliminary reports should be developed after the Time 1 administrations for the purposes of describing the pilot sites, as well as to identify any training issues.

Some members asserted that, based on the preliminary findings, it appears that some of the instruments may not be sensitive enough for some of the items, perhaps attributed to the age of the client. For example, on the Ohio Scales, the item “not making good decisions”, would not apply to a 9 year-old. Other members asserted that there was variability on this item, thereby indicating that the issue of sensitivity may not be an issue. Future analysis, however, will compare matched administration timeframes (e.g., intakes/intakes, mid-treatment/mid-treatment, etc.) broken down by age groups. Currently there is not enough data, but this is a good idea for the future.

- **Review CAFAS/Ohio Scales Agency Worker Correlational Data Results** – So far, data analyses show that there is a moderate, significant correlation between the CAFAS and the Ohio Scales. Unfortunately, since there are no CAFAS scores over 90 in the Pilot Study data, DMH has been unable to determine whether or not the Ohio Scales are sensitive enough to measure the more seriously impaired children. DMH will look at the data from the existing Child and Youth Performance Outcome data to determine the prevalence distributions of the higher impaired children for each county, subdivided by age, as well as seek prevalence data information from the National Institute of Public Health census. DMH urged pilot counties to try to oversample the higher impaired children.

Additionally, it was suggested that an analysis be conducted only on the forms that were corrected for the initial CAFAS home subscale error. The lack of reporting of this subscale due to formatting errors in the original version of the forms may be skewing the analyses.

Members requested that, before analyzing the content of the data, DMH should conduct an analysis on the data itself in order to fix any problems that might skew the results.

An idea was also shared that some items may be used as an inference for other items. For example, if the Ohio Scales do not pick up on some issues, sometimes the Risk Factors do. It is important to investigate the “Unknown” responses because not knowing may be reflective of an underestimation of the factor in the population being examined. On the Risk Factor Assessment, thus far, “Unknown” has primarily reported for the Parent/Caregiver more often than it is for the Child. Sutter-Yuba county has offered to present a screening tool that includes a risk factor assessment at the April meeting.

- **Youth Services Survey for Families (YSS-F) Update** – The September 22, 2000 Virginia State “Report on Parent Satisfaction with Services at Community Services Boards” was distributed to Task Force members. This report was based on the Youth Services Survey for Families pilot study data that has been collected by Virginia State. Some members questioned whether or not DMH

would be able to suggest changes for the YSS-F. Since many counties are already going to be submitting their pilot study data to Virginia by the end of February 2001, it would be too late for DMH to suggest any changes before the revised version of the YSS-F is released.

A question was raised regarding the expected date of the DMH pilot study being terminated. Because a recommendation for change is expected by the end of the fiscal year, a problem was identified that there might not be enough YSS-F data at this time to make a decision as to whether or not this instrument is a viable alternative to the CSQ-8. Members agreed that DMH would likely have to keep piloting the YSS-F even after the termination of the official pilot study.

Review Draft Reference Form for the Client Information/Risk Factor Assessment Instrument
– DMH developed a Reference Form for the Client Information/Risk Factor Assessment instrument that defines each of the items. The following revisions were made:

- ✓ For Caregiver's Current Zip Code, the statement, "The term 'caregiver' refers to the individual(s) with whom the child has lived predominantly during the past six months" should be deleted.
- ✓ Date of Birth should have "(mm-dd-yyyy)" added.
- ✓ From Diagnostic Category, the statement, "For 'Primary' diagnosis, mark one bubble that corresponds to the appropriate diagnosis within the continuous 'P' column. For the 'Secondary' diagnosis, mark one bubble that corresponds to the appropriate diagnosis within the continuous 'S' column" should be deleted.
- ✓ Remove the word "please" from any item on the Reference Form
- ✓ Change the definition of Poverty to read, "The county's local Uniform Method of Determining Ability to Pay (UMDAP) requirements."
- ✓ Change the definition of Gang Association to read, "Any known involvement with gangs."
- ✓ Change the definition of Exposure to Domestic Violence to read, "Witnessed or exposed to parent/caregiver abusing or being abused."

• **Topics To Be Discussed at the Next Children's Task Force Meeting**

- ✓ Report on Pilot County progress
- ✓ Review Summary of Raw Data (by County) and discuss any data issues
- ✓ Summary of findings on risk factor data from literature reviews
- ✓ Discuss new CLESP item to flag SOC children
- ✓ Report on CAFAS score distributions from existing system database (& comparison with Pilot Data scores reported)
- ✓ Draft Reference Sheet for Client Living Environment and Stability Profile (CLESP)

• **Next Meeting - Sacramento Airport Host Hotel, American Room**

March 6, 2001
10:00 AM – 3:00 PM